

SERIAL NUMBER 09/054,597	FILING DATE 04/03/98	CLASS 704	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. 2345/39
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT

JOACHIM POSEGGA, BRUCHSAL, FED REP GERMANY.

CONTINUING DOMESTIC DATA***

VERIFIED NOOE

371 (NAT'L STAGE) DATA***

VERIFIED

NOOE

FOREIGN APPLICATIONS***

VERIFIED FED REP GERMANY 197 13 966.3 04/04/97

yes OE

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
---	---	----------------------------	------------------------	-----------------------	----------------------------

ADDRESS

RICHARD L MAYER
KENYON & KENYON
ONE BROADWAY
NEW YORK NY 10004

TITLE

METHOD AND APPARATUS FOR USING A SERVICE MADE AVAILABLE IN A
TELECOMMUNICATIONS NETWORK

FILING FEE RECEIVED \$920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------	---	---

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/054,597	04/03/1998	379	2645	2345/39

APPLICANT
JOACHIM POSEGGA, BRUCHSAL, FED REP GERMANY.

CONTINUING DOMESTIC DATA***
VERIFIED

NO OE

371 (NAT'L STAGE) DATA***
VERIFIED

NO OE

FOREIGN APPLICATIONS***

VERIFIED FED REP GERMANY 197 13 966.3 04/04/1997

Yes OE

Foreign priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWINGS 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
Verified and acknowledged <i>Orlando Escalante</i>	Examiner's Name Initials			

ADDRESS
KENYON & KENYON
ONE BROADWAY
NEW YORK, NY 10004

TITLE
METHOD AND APPARATUS FOR USING A SERVICE MADE AVAILABLE IN A
TELECOMMUNICATIONS NETWORK

FILING FEE RECEIVED \$**920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	---

BEST AVAILABLE COPY